



NEBRASKA INDIVIDUAL INCOME TAX RETURN
for the taxable year January 1, 2000 through December 31, 2000
or other taxable year:
, 2000 through ,

FORM 1040N
2000

• Read instructions
before completing
this form

PLEASE DO NOT WRITE IN THIS SPACE

Please Type or Print
LABEL HERE

First Name(s) and Initial(s)		Last Name	
Current Home Address (Number and Street or Rural Route and Box Number)			
City, Town, or Post Office		State	Zip Code

☐ Check here if you do not wish to receive a booklet next year, but need only a name and address label for filing your 2001 return

Your Social Security Number	Spouse's Social Security No.	High School District Code						(must be entered using high school codes beginning on page 15)

(1) ☐ Farmer/Rancher (2) ☐ Active Military (1) ☐ Deceased (first name & date of death): _____ Date: _____

1 Federal Filing Status

(1) ☐ Single (3) ☐ Married, filing separate — Spouse's S. S. No.: _____ (4) ☐ Head of Household
(2) ☐ Married, filing joint and Full Name (5) ☐ Widow(er) with dependent children

2a Check if YOU were: (1) ☐ 65 or older (2) ☐ Blind **2b Check here if someone (such as your parent) can claim you or your spouse as a dependent:** (5) ☐
SPOUSE was: (3) ☐ 65 or older (4) ☐ Blind

3 Type of Return

(1) ☐ Resident (2) ☐ Partial-year resident from _____, 2000 to _____, 2000 (**attach** Schedule III)
(2) ☐ Nonresident (**attach** Schedule III)

4 Federal exemptions (number of exemptions claimed on your 2000 federal return) **4**

If you entered -0- on Federal Form: 1040A, line 26; 1040EZ, line 10; Federal TeleFile Tax Record, line K; or 1040, lines 40, 41, and 54, see Special Instructions on page 6. Check box ☐. (Partial-year and nonresidents must still complete Nebraska Schedule III.)

5 Federal adjusted gross income (AGI) (line 19, Form 1040A; line 4, Form 1040EZ; line I, TeleFile Tax Record; or line 33, Form 1040)	5		
6 Federal standard deduction (line 22, Form 1040A; line J, TeleFile Tax Record; Form 1040, or Form 1040EZ — see instructions)	6		
7 Total itemized deductions (line 36, Form 1040 — see instructions)	7		
8 State and local income taxes (line 5, Schedule A, Form 1040 — see instructions)	8		
9 Nebraska itemized deductions (line 7 minus line 8)	9		
10 Enter the amount from line 6 or line 9, whichever is greater (see instructions)	10		
11 Nebraska income before adjustments (line 5 minus line 10)	11		
12 Adjustments increasing federal AGI (line 42, from attached Nebraska Schedule I)	12		
13 Adjustments decreasing federal AGI (line 49, from attached Nebraska Schedule I)	13		
If the amount on line 13 is ONLY for a state income tax refund deduction, check this box: <input type="checkbox"/> (see instr.) (NOTE: If line 12 is zero (0), and you check this box, do not complete Nebraska Schedule I.)			
14 Nebraska tax table income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-	14		
15 Nebraska income tax (residents use Nebr. Tax Table; others use Nebr. Sch. III)	15		
16 Nebraska minimum or other tax (Forms 6251, 4972, or 5329 — see instructions)	16		
17 Total Nebraska tax before personal exemption credit (add lines 15 and 16) Do not pay the amount on this line. Pay the amount from line 33	17		

COMPLETE REVERSE SIDE

18	Amount from line 17 (Total Nebraska tax)	18		
19	Nebraska personal exemption credit for residents only (\$91 per exemption claimed on line 4). If line 5 is more than \$107,000 – married/joint, \$65,000 – single, \$90,000 – head of household – see page 10 of instructions. Nonresidents and partial-year residents – enter -0-, and complete line 61, Nebr. Schedule III.	19		
20	Credit for tax paid to another state (attach Nebraska Schedule II and the other state's return)	20		
21	Credit for the elderly or disabled (attach copy of Federal Schedule R/ Schedule 3 – see instructions)	21		
22	CDAA Credit (see instructions)	22		
23	Form 3800N credit (attach Form 3800N)	23		
24	Form 829N credit (see instructions)	24		
25	Nebraska dependent/child care credit, if line 5 is more than \$29,000 (see page 8 of instructions)	25		
26	Total nonrefundable credits (add lines 19 through 25)	26		
27	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If result is more than your federal tax liability and line 12 is less than \$5,000, see instructions. If entering federal tax, check box: <input type="checkbox"/> , attach federal return copy	27		
28	Nebraska income tax withheld (attach 2000 W-2, W-2G, 1099-R, 1099-MISC, or 14N)	28		
29	2000 estimated tax payments (include 1999 overpayment credited to 2000 and any payments submitted with an extension request)	29		
30	Form 4136N credit (attach Form 4136N)	30		
31	Nebraska child/dependent care refundable credit (if line 5 is \$29,000 or less). (see page 9 of instructions)	31		
32	Total of lines 28, 29, 30, and 31	32		
33	AMOUNT YOU OWE (subtract line 32 from line 27 and pay in full with return). If over \$300 and Form 2210N is attached, check here: <input type="checkbox"/> . Include penalty in line 33 and show here: 99 \$	33		
34	If line 32 is more than line 27, subtract line 27 from line 32. This is the amount you OVERPAID	34		
35	Amount of line 34 you want APPLIED TO YOUR 2001 ESTIMATED TAX	35		
36	Nongame and endangered species fund DONATION of \$1.00 or more	36		
37	Nebraska campaign finance CONTRIBUTION of \$2.00; \$4.00 if married filing joint	37		
38	Amount of line 34 you want REFUNDED to you (line 34 minus lines 35, 36, and 37). Allow 12 weeks for your refund	38		

Expecting a Refund?

• Have it sent directly to your bank account! (see instructions)

39a Routing Number **39b** Type of Account 1 = Checking 2 = Savings
(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32 use an actual check or savings account number, not a deposit slip)

39c Account Number
(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)



**sign
here**

Keep a copy of
this return for
your records.

Your Signature

Date

Signature of Preparer if Other Than Taxpayer

Date

Spouse's Signature (if filing jointly, **both** must sign)

Daytime Phone

Address

Daytime Phone

Mail this return and payment to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98911, LINCOLN, NE 68509-8911**

A copy of the Taxpayer Bill of Rights is available by calling any of our regional offices or visiting our Web site.